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Veronika S. Lelieyer

				125	eccent	(Signature)
				August 3	2001	(Date)
APPLICATION NO.	FILING DATE	TOTAL CL	MMS	EXAMINER AND GE	DATE MAILED	
1 09/481,204	01/11/00	012	PARADISO,	J	3721	05/07/01
First Named WALKER, CApplicant		35 L	JSC 154(b)	term ext.	= 0 Days	•
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE			
,3 96-136X	463-020.00	00 G04	UTILIT	ry No	\$1240.00	08/07/01			
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Dean P Alderucci 2					
3. ASSIGNEE NAME AND RESIDENT PLEASE NOTE: Unless an assigne Inclusion of assignee data is only a the PTO or is being submitted undiffling an assignment. (A) NAME OF ASSIGNEE WALKER DIGITAL (B) RESIDENCE: (CITY & STATE OF ASSIGNEE STANFORD Please check the apprepriate assig	on the patent. y submitted to a substitue for substitue for	Issue Fee							
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) Dean /P. Alderucci 40,484 (Date)									
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